

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

OMB APPROVAT



			0104000			
Name of Offering (che	ck if this is an amendment and name has changed, and indic	cate change.)				
Limited Partnership Int	erests in GMO Emerging Illiquid Fund, L.P.	0 ,				
Filing Under (Check box(es) that apply): 🗌 Rule 504 🔲 Rule 505 🔀 Rule 506 🗀	Section 4(6) ULOE				
Type of Filing: New F						
	A. BASIC IDENTIF	ICATION DATA	•			
1. Enter the information r	equested about the issuer					
Name of Issuer (check	if this is an amendment and name has changed, and indicate	c change.)				
GMO Emerging Illiquid	Fund, L.P.	<u> </u>				
Address of Executive Offi			Telephone Number (including Area Code)			
40 Rowes Wharf, Boston	n, MA 02110	(617) 375-7500				
Address of Principal Busin	ness Operations (Number and Street, City, State, Zip Code)	Telephone Number (i	ncluding Area Code)			
(if different from Executiv	ve Offices)	,				
Brief Description of Busin	ness		000-			
Private investment fund			PROCESSED			
Type of Business Organiz	ation					
corporation			MAR 2 C 2002			
_		other (please specify):	MAR 2 9 2007 THOMSON FINANCIAL			
☐ business trust	☐ limited partnership, to be formed		PTHONE			
	Month Year		ENANGE			
Actual or Estimated Date	of Incorporation or Organization: 1 0 0 6	Actual Estimated	* WARCHAI			
Jurisdiction of Incorporati	on or Organization: (Enter two-letter U.S. Postal Service ab	breviation for State:				
	CN for Canada; FN for other	foreign jurisdiction) DE				
CENERAL INCORPATION	TO NO.					

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)



		A. BASIC II	DENTIFICATION DAT	ľA			
X Each beneficial ov of the issuer; X Each executive off	the issuer, if the vner having the ficer and direct	e issuer has been organize power to vote or dispos	nd of corporate general ar	sposition of, 10	% or more of a class of equity securities rtners of partnership issuers; and		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General Partner		
Full Name (Last name first, GMO Emerging Illiquid GP, I							
Business or Residence Addre c/o Grantham, Mayo, Van Ott							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Grantham, Mayo, Van Otterlo	o & Co. LLĆ						
Business or Residence Addre 40 Rowes Wharf, Boston, MA		nd Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number ar	nd Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	if individual)				•		
Business or Residence Addre	ess (Number ar	nd Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)	*****					
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number an	d Street, City, State, Zip	Code)		<u> </u>		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ General and/or Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Beneficial Owner

					B. INFO	RMATIC	N ABOU	T OFFEF	UNG					
1. Has	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No ⊠						
					Answer also	in Append	líx, Column	2, if filing	under ULO	E.				
2. Wha	· ·								\$ 10,00	0.000*				
								Yes	No ⊠					
remu perso five (4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									L	_			
Full Name ((Last name fi	irst, if indiv	idual)								-			•
Business or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)					_			
Name of As	sociated Bro	ker or Deal	сг											
States in Wi	hich Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers		<u>.</u>	•					
(Checi	k "All States	" or check i	ndividual S	tates)							All States	;		
(AL) (IL) (MT) (RI) Full Name ([AK] [IN] [NE] [SC] Last name fi	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	{JD} [MO] [PA] [PR]		
·	Residence A			treet City	State 7in ('ode)				<u> </u>				
					onic, zip c									
	sociated Bro													
States in Wi	hich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or cl	heck individ	iual States)	*************				***************************************			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD) (NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] _[WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (Last name fi	rst, if indivi	idual)											
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					·			
Name of As	sociated Bro	ker or Deal	ег											
States in Wi	hich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or cl	heck individ	lual States)	·,							All States			
(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SDI	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WII	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	\$ 310,000,000	\$ 310,000,000
	Other (Specify)		S
	Totai	\$ 310,000,000	\$ 310,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate
			Dollar Amount of Purchases
	Accredited Investors	29	\$ 310,000,000
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		S
	Legal Fees		S
	Accounting Fees		<u> </u>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<u>s</u>
	Other Expenses (identify)		s
	Total		\$0
		J	J U

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	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS				
4.	b. Enter the difference between the aggregate off expenses furnished in response to Part C - Question						
	issuer."			\$ 310,000,000			
5.	the purposes shown. If the amount for any purpose	roceeds to the issuer used or proposed to be used for each of the issuer used for each of the issuer, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set					
			Payments to Officers, Directors, & Affiliates	Payments To Others			
	Salaries and fees		<u> </u>	🗆 s			
	Purchase of real estate		s	□s			
	Purchase, rental or leasing and installation of mac	hinery and equipment	<u>s</u>	□s			
	Construction or leasing of plant buildings and fac	ilities	<u>s</u>	□s			
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse pursuant to a merger)	s	□s				
	Repayment of indebtedness		🗆 \$	□s			
	Working capital		S	□s			
	Other (specify): Investments in securities and a	□s	S 310,000,000				
	Column Totals		S	□ \$ 310,000,000			
	Total Payments Listed (column totals added)		🔲 \$ 310,0	□ \$ 310,000,000			
		D. FEDERAL SIGNATURE					
រោ បា		e undersigned duly authorized person. If this notice is filed ities and Exchange Commission, upon written request of it. Rule 502.					
Issuer (Print or Type) Signature Da			Date 21				
	10 Emerging Illiquid Fund, L.P.		March 27 , 2007				
	me of Signer (Print or Type) vid L. Bohan	Tifle of Signer (Print or Type) Authorized Officer, GMO Emerging Illiquid GP, LLC, its general partner					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

